CONTINENTAL MANOR HEALTH/REHABILITATION

502 SOUTH HIGH STREET

RANDOLPH	53956	Phone: (920) 326-3171		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	junction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	84	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	84	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/03:	80	Average Daily Census:	80

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					20.0	
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities	0.0	Under 65 65 - 74		More Than 4 Years	6.3	
Respite Care Adult Day Care		Mental Illness (Other)	22.5	75 - 84 85 - 94	30.0	•	77.5	
Adult Day Health Care No Congregate Meals No		Para-, Quadra-, Hemiplegic 0.0 95 & Over Cancer 2.5			8.8	Full-Time Equivalent Nursing Staff per 100 Residents		
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular	6.3	 65 & Over	100.0	(12/31/03)		
Transportation	No	Cerebrovascular	11.3			RNs	10.5	
Referral Service Other Services	No No	Diabetes Respiratory		Gender 	 		11.4	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male Female	21.3 78.8	Aides, & Orderlies	51.3	
Provide Day Programming for Developmentally Disabled	No		100.0		100.0	İ		
*********	****	***********	*****	******	******	********	*****	

Method of Reimbursement

		Medicare			Medicaid Sitle 19			Other			Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	ò	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.2	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Skilled Care	14	100.0	332	43	95.6	115	1	100.0	129	19	100.0	159	0	0.0	0	1	100.0	300	78	97.5
Intermediate				1	2.2	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		45	100.0		1	100.0		19	100.0		0	0.0		1	100.0		80	100.0

CONTINENTAL MANOR HEALTH/REHABILITATION

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.8		47.5	43.8	80
Other Nursing Homes	4.1	Dressing	11.3		43.8	45.0	80
Acute Care Hospitals	81.0	Transferring	27.5		35.0	37.5	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.0		46.3	38.8	80
Rehabilitation Hospitals	0.0	Eating	61.3		28.8	10.0	80
Other Locations	4.1	*****	*****	*****	*****	******	*****
Total Number of Admissions	147	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	8.8	Receiving Resp	iratory Care	17.5
Private Home/No Home Health	28.2	Occ/Freq. Incontinent	t of Bladder	62.5	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.0	Occ/Freq. Incontinent	t of Bowel	46.3	Receiving Suct	ioning	0.0
Other Nursing Homes	3.5	-			Receiving Osto	my Care	0.0
Acute Care Hospitals	7.0	Mobility			Receiving Tube	Feeding	1.3
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Mech	anically Altered Diets	13.8
Rehabilitation Hospitals	0.0	1				-	
Other Locations	4.9 i	Skin Care			Other Resident C	haracteristics	
Deaths	37.3 i	With Pressure Sores		2.5	Have Advance D	irectives	97.5
Total Number of Discharges	i	With Rashes		6.3	Medications		
(Including Deaths)	142 İ				Receiving Psyc	hoactive Drugs	27.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:			
	This	Pro	Proprietary Peer Group % Ratio		-99	Ski	lled	Al	1	
	Facility	Peer			Group	Peer	Group	Faci	lities	
	%	રુ			% Ratio		Ratio	8	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	84.6	1.13	88.0	1.08	88.1	1.08	87.4	1.09	
Current Residents from In-County	45.0	75.5	0.60	72.9	0.62	69.7	0.65	76.7	0.59	
Admissions from In-County, Still Residing	15.6	18.9	0.83	20.1	0.78	21.4	0.73	19.6	0.80	
Admissions/Average Daily Census	183.8	152.9	1.20	129.5	1.42	109.6	1.68	141.3	1.30	
Discharges/Average Daily Census	177.5	154.8	1.15	130.3	1.36	111.3	1.60	142.5	1.25	
Discharges To Private Residence/Average Daily Census	83.8	63.8	1.31	52.2	1.61	42.9	1.95	61.6	1.36	
Residents Receiving Skilled Care	98.8	94.6	1.04	93.7	1.05	92.4	1.07	88.1	1.12	
Residents Aged 65 and Older	93.8	93.7	1.00	94.2	1.00	93.1	1.01	87.8	1.07	
Title 19 (Medicaid) Funded Residents	56.3	66.0	0.85	66.3	0.85	68.8	0.82	65.9	0.85	
Private Pay Funded Residents	23.8	19.0	1.25	21.6	1.10	20.5	1.16	21.0	1.13	
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00	
Mentally Ill Residents	45.0	31.3	1.44	36.2	1.24	38.2	1.18	33.6	1.34	
General Medical Service Residents	15.0	23.7	0.63	21.5	0.70	21.9	0.69	20.6	0.73	
Impaired ADL (Mean)	55.5	48.4	1.15	48.4	1.15	48.0	1.16	49.4	1.12	
Psychological Problems	27.5	50.1	0.55	53.4	0.52	54.9	0.50	57.4	0.48	
Nursing Care Required (Mean)	5.2	6.6	0.79	6.9	0.75	7.3	0.71	7.3	0.70	